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INDEPENDENT REPRESENTATIVE APPLICATION

Company Name: _____ Year Established: _____

Phone: _____ Fax: _____ Mobile: _____

Your Name: _____ Email: _____

Address: _____ City: _____ State: _____

Federal Tax ID #: _____ or SSN #: _____

Description of Business: _____

Do you currently offer factoring services to your clients: YES _____ NO _____

COMPENSATION: In consideration for the services to be performed by Alliance One LLC, Alliance One agrees to pay ten percent (10%) of all net fees generated from any account provided by Representative to Alliance One and funded by Alliance One. For those accounts that the Representative only provides contact information and nothing else (i.e., name, address and phone number), Alliance One will only pay a five percent (5%) of all net fees generated. This commission will be paid by Alliance One to Representative for the life of said account.

INDEMNITY:
Each Party agrees to waive all claims against the other Party(ies) with respect to any loss or damage sustained by that Party, its employees, or third parties as a result of its participation in the activities covered by this Agreement, except to the extent that such claim alleges gross negligence by a Party participating in this Agreement.

Executed at _____ on the date first written above.

By clicking this check box, your printed signature will act as a digital signature as long as this form is emailed back from the same email address that you listed on this application.

INDEPENDENT REPRESENTATIVE

ALLIANCE ONE LLC.

Company Name (print or type)

BY: _____
Signature Business Development Manager

Business Development Manager

Representative's Name Corporate Approval

Corporate Approval

Phone Number This contract is null and void without

10 SSN# or Federal ID # _____

ALLIANCE ONE LLC Corporate Approval.